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## BIB DATA SHEET

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IL05/00303 03/17/2005

which claims benefit of 60/553,966 03/18/2004

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and claims benefit of 60/555,979 03/25/2004

and claims benefit of 60/602,636 08/19/2004

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

03/14/2008

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ISRAEL	20	34 38	4
Verified and Acknowledged	/KERI JESSICA NICHOLSON/ Examiner's Signature	Initials				

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**TITLE**

Apparatus For the Treatment of Feminine Pelvic Organ Prolapse

<b>FILING FEE RECEIVED</b> 1425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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